

09/85/261

Application or Docket Number

54G1M 33.00 1A115

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>	<b>11</b>	
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	<b>11 minus 20 =</b>	
<b>INDEPENDENT CLAIMS</b>	<b>4 minus 3 =</b>	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 12	Minus	• 20
Independent	• 4	Minus	• 4	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

<b>RATE</b>	<b>FEES</b>	<b>RATE</b>	<b>FEES</b>
<b>BASIC FEE</b>	<b>355.00</b>	<b>OR BASIC FEE</b>	<b>710.00</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>	<b>40</b>	<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL</b>	<b>365</b>	<b>OR TOTAL</b>	

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 14	Minus	• 20
Independent	• 4	Minus	• 4	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	•
Independent	•	Minus	•	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.